

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/030258**

APPLICANT(S)

*Charzinski*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
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48							98						
49							99						
50							100						
TOTAL IND.			↓		↓		TOTAL IND.			↓		↓	
TOTAL DEP.				↓			TOTAL DEP.				↓		
TOTAL CLAIMS			5		6		TOTAL CLAIMS						